

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12839

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>115</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia</u> c. LENGTH OF STAY (In this place) <u>112 So. Lane</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>Sedalia</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>Sedalia, Missouri</u>			
3. NAME OF DECEASED (Type or Print) <u>IRMA</u>		a. (First) <u>IRMA</u>		b. (Middle) <u>D.</u>		c. (Last) <u>HOPE</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1955</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		8. DATE OF BIRTH <u>April 3, 1907</u>		9. AGE (In years last birthday) <u>48</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fredonia, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles E. Dill</u>		13b. MOTHER'S MAIDEN NAME <u>Mary (Not Known)</u>	
14. NAME OF HUSBAND OR WIFE <u>Clarence M. Hope</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>450-09-0318</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence M. Hope, Sedalia, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia - recurrent</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>2 wks</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		170 X			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>54</u> , to <u>April 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Apr. 20</u> , 19 <u>55</u> , and that death occurred at <u>5:57</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clarin L. Lowe</u>		(Degree or title) <u>MO</u>		23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>4-23-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/23/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/23/55</u>		REGISTRAR'S SIGNATURE <u>Lavinia Brown, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight Bechart</u>		ADDRESS <u>Sedalia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No.....486

P. O. Address *Sedalia,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.